

ARIZONA FORM
450

Request for Certified Copies of Documents

Mail to: Copy Desk, Arizona Department of Revenue
1600 West Monroe, Phoenix, AZ 85007-2650

FOR DOR USE

No. _____

Read instructions on reverse side before completing this form. Please print or type.

1. Name(s) as shown on document:

A. _____

B. _____

2. SSN and/or ID Number as shown on document:

A. _____

B. _____

3. Tax return for period(s):

When filed: _____

4. Tax type (*check only one*):

☐ Individual Income Tax

☐ Corporate Income Tax

☐ Transaction Privilege & Use Tax

☐ Withholding

☐ Other (*please specify*): _____

5. Current address:

6. Mail copies to:

7. _____
SIGNATURE OF REQUESTOR

DATE

TITLE (if applicable)

DAYTIME TELEPHONE

- **FEE** is \$1.00 for front page (per period), 10¢ for each additional page.
- **Check or money order only.** Your canceled check is your receipt.
- **Please allow thirty (30) days for processing.**

FOR DEPARTMENT USE

DOCUMENT NUMBER(S)

Serial Number: _____

Amount Received: _____

Postmark Date: _____

Date Received: _____

Date Mailed: _____

Billed: _____

Comments: _____
